

# NATIONAL Assessment Centre Services.

(ref 1 Jan 05)

MMB49044855

Date In: 08/04/2019 20:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC500616/4	SAS e-filing		
Veh No: SF 2088Y	E-mail (4/5/6 hrs, A/C 2hrs)		
D.O.A: 08/04/2019 15:20	I-Motor Claim Form	m7/1039310001	09/04/2019
OID: TK Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		N.B.
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PAB 9076M	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) %	[Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Damage: \_\_\_\_\_

NA/902640	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$10/\$45	
Damage Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (ref 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idax DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NG: Courtesy Car / TP Allowance	
	*NG: Repair Co-ordination	
	*NG: Post Repair Inspection	
	*NG: DV / Collect Excess Coordination	
	TP (NI) / TP (S-n INC)	
	9) NI: Idax Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	08/04/2019 20:18
Date Of Accident	08/04/2019 15:20
Exact Location Of Accident	ANG MO KIO AVENUE 5 TOWARDS CTE CENTRE LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2788Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THOMAS MICHAEL GEEKIE
NRIC No	S2204117G
Email Address	MAHITAGEEKIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93634320
Alternative Phone No	OTHERS-93634370

### Vehicle Particulars

Manufacturer	BMW
Model	320I
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099950905
Cover Note Number	

### Driver

Name of Driver	MAHITA GEEKIE
NRIC No	S1562274A
Date Of Birth	23/10/1962
Occupation	INDOOR
Date Of Driving Pass	04/06/1990
Driving Experience	28 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93634320
Fax Number	
Contact Number	OTHERS-93634370
Email Address	MAHITAGEEKIE@GMAIL.COM

Address	48 CORONATION ROAD WEST #07-02
Postcode	269263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB9076M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD IRSYAD BIN JUANDA
NRIC/Passport Number	S9903420C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature

Date & Time:

8/4/19 1650

  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/4/19 1650

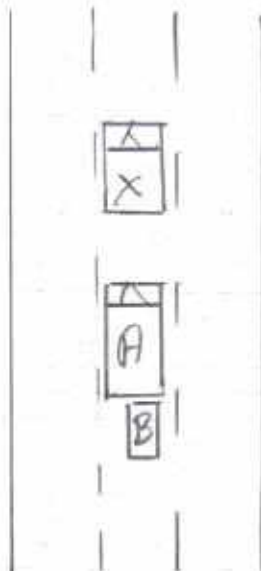
  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: 



# SKETCH PLAN

A) SJF 2278Y

B) FBB 9076M



ALONG ANG MO KIO AVE 5

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along Ang Mo Kio Ave. 5. Car in front of me slowed down near traffic lights. So I also slowed down. Then I felt my car move forward & heard a loud bang at the same time. I looked in the rear view mirror and <sup>saw</sup> a motorcyclist fall off his motorcycle. I stopped the car, got out to help him. He could not explain why or how he banged into me, even though I was going quite slowly due to slow-moving traffic.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

8/4/19 1650

Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/4/19 1650

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

8/4/2019  
Rishi Kumar

## Claim Handling

Accident HT/1039379

Policy No.	509950005	Vehicle No.	3P2788Y	GST Registration No.	
Certificate No.					
Policyholder Name	THOMAS MICHAEL GEEKIE			Policyholder NRIC	S27041170
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No. (Mobile)	93634320	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KFR	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	No

**Accident Details**

Report Date	09/04/2019 18:53	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/04/2019	Time of Accident (hr:mm)	15:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVENUE 5 TOWARDS CTE CENTRE LANE				

**Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	48 COGNATION ROAD WEST	Address 2	#07-02 ASTRID MEADOWS	Address 3	SINGAPORE 169263
Address 4		Address Type	Singapore address	Post Code	269263
Unit No.	#07-02	Related Policy Number	509950005		

**OT Driver Info**

Driver Name	MAHITA GEEKIE	Driver Type	Named Driver		
Unnamed Driver Name		Driver NRIC	S1561274A	Driver DOB	23/10/1963
Register Date of Driver License	04/06/1990	Driver Age	55	Driving Experience	28
Contact No. (Mobile)	93634370	Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	3P2788Y	Driver Insurer Company	NTUC

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 New

Claim Type *	CO-PR	Insured Name	THOMAS MICHAEL GEEKIE	Insured NRIC	S27041170
Contact No. (Mobile)	9366181	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	3P2788Y	Vehicle Number	P86076M
Claim Description	3P2788Y / P86076M ON 8 Apr 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered		Claim Close Date	09/04/2019 11:03	Date Received	09/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

## Attachment

Accident No.	HT/1039379	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/04/2019 11:03

Path \*

Choose File	No file chosen	Clear	Please Select *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *	
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *	
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *	
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *	
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *	
Choose File	No file chosen	Clear	Please Select *	NO *	Normal *	
Message Read						Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:07	Photo	Normal	Photos 2019-4-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:07	Photos	Normal	Photos 2019-4-9	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:07	Photos	Normal	Photos 2019-4-9	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	SAS	Normal	SAS 2019-4-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 8/4/19 ) (DD/MM/YYYY), TIME: ( 3:20 ) (HH:MM)

LOCATION: Ang Mo Kio Ave S, towards CTE, centre lane

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 2788Y  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5099950905  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving home  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: Thomas Michael Geekie (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2004117G CONTACT: 9363 4320  
 c) ADDRESS: 48 Coronation Rd West #07-02  
S. 269263

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passengers  
 (Including driver)  
(1)

- DRIVER  
 a) NAME: Mahita Geekie (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1562274A CONTACT: 9363 4370  
 c) ADDRESS: 48 Coronation Rd West #07-02  
S. 269263

\* d) DATE OF BIRTH: ( 23/10/1962 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 4/6/90

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

\* No of passenger  
 (Including driver)  
(1)

- a) VEHICLE NUMBER: FBB 9076 M MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Muhammad (Ismael) bin Juanda  
 c) NRIC/FIN/PASSPORT: EB 59903420 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

\* No of passenger  
 (Including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = mahitageekie@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1562274A



Name

MAHITA GEEKIE

Race

INDIAN

Date of birth

23-10-1962

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1562274A

Name

MAHITA GEEKIE

Birth Date: 23 Oct 1962

Issue Date: 01 Aug 2018



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3

Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

04 Jun 1990



License No: S1562274A

NP 428A

5984432



NRIC No S1562274A



Date of issue

23-07-2018

Address

48 CORONATION ROAD WEST  
#07-02  
SINGAPORE 269263

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5099950905

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJF2788Y**  
Chassis Number : **WBAVG76060NL63095**
2. Name of Policyholder : **THOMAS MICHAEL GEEKIE**
3. Effective Date of Insurance : **26 May 2018**
4. Expiry Date of Insurance : **25 May 2019**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: THOMAS MICHAEL GEEKIE
NAMED DRIVER (1)	: MAHITA GEEKIE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **SIME DARBY INSURANCE BROKERS (SINGAPORE) PTE LTD (00000690067)**  
Date of Issue : **07 May 2018 12:54 hrs**

For **NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

Authorised Officer



Chief Executive